

County: Brown

Facility ID: 3840

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GRANCARE NURSING CENTER

1555 DOUSMAN ST

GREEN BAY 54303 Phone:(920) 494-4525

Operated from 1/1 To 12/31 Days of Operation: 366

Operate in Conjunction with Hospital? No

Number of Beds Set Up and Staffed (12/31/04): 75

Total Licensed Bed Capacity (12/31/04): 75

Number of Residents on 12/31/04: 68

Ownership:

Highest Level License:

Operate in Conjunction with CBRF?

Title 18 (Medicare) Certified? Yes

Title 19 (Medicaid) Certified? Yes

Average Daily Census: 70

Corporation

Skilled

No

Yes

Yes

70

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/04)				Length of Stay (12/31/04)		%	
		Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		38.2	
Home Health Care	No	Developmental Disabilities	0.0	Under 65	0.0	1 - 4 Years		35.3	
Supp. Home Care-Personal Care	No	Mental Illness (Org./Psy)	14.7	65 - 74	4.4	More Than 4 Years		26.5	
Supp. Home Care-Household Services	No	Mental Illness (Other)	0.0	75 - 84	19.1			100.0	
Day Services	No	Alcohol & Other Drug Abuse	0.0	85 - 94	58.8	*****			
Respite Care	No	Para-, Quadra-, Hemiplegic	1.5	95 & Over	17.6	Full-Time Equivalent			
Adult Day Care	No	Cancer	4.4			Nursing Staff per 100 Residents			
Adult Day Health Care	No	Fractures	10.3		100.0	(12/31/04)			
Congregate Meals	No	Cardiovascular	17.6	65 & Over	100.0				
Home Delivered Meals	No	Cerebrovascular	14.7			RNs		12.0	
Other Meals	No	Diabetes	5.9	Gender	%	LPNs		6.3	
Transportation	No	Respiratory	5.9			Nursing Assistants,			
Referral Service	No	Other Medical Conditions	25.0	Male	17.6	Aides, & Orderlies			
Other Services	Yes			Female	82.4	48.3			
Provide Day Programming for	No								
Mentally Ill	No								
Provide Day Programming for	No								
Developmentally Disabled	No								

## Method of Reimbursement

		Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care				
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	% Of All	
Int. Skilled Care	0	0.0	0	5	16.7	140	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	5	7.4	
Skilled Care	9	100.0	305	25	83.3	120	0	0.0	0	29	100.0	172	0	0.0	0	0	0.0	0	63	92.6	
Intermediate	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Personal Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Residential Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Total	9	100.0		30	100.0		0	0.0		29	100.0		0	0.0		0	0.0		68	100.0	

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Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/04				
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Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total
Private Home/No Home Health	1.3	Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Number of Residents
Private Home/With Home Health	0.0	Bathing	0.0	73.5	26.5	68
Other Nursing Homes	1.7	Dressing	5.9	83.8	10.3	68
Acute Care Hospitals	96.2	Transferring	17.6	63.2	19.1	68
Psych. Hosp.-MR/DD Facilities	0.4	Toilet Use	16.2	60.3	23.5	68
Rehabilitation Hospitals	0.0	Eating	30.9	63.2	5.9	68
Other Locations	0.4	*****				
Total Number of Admissions	235	Continence		%	Special Treatments	%
Percent Discharges To:		Indwelling Or External Catheter	7.4		Receiving Respiratory Care	11.8
Private Home/No Home Health	46.4	Occ/Freq. Incontinent of Bladder	42.6		Receiving Tracheostomy Care	0.0
Private Home/With Home Health	12.8	Occ/Freq. Incontinent of Bowel	13.2		Receiving Suctioning	0.0
Other Nursing Homes	2.1				Receiving Ostomy Care	2.9
Acute Care Hospitals	24.3	Mobility			Receiving Tube Feeding	0.0
Psych. Hosp.-MR/DD Facilities	0.4	Physically Restrained	0.0		Receiving Mechanically Altered Diets	16.2
Rehabilitation Hospitals	0.0					
Other Locations	6.4	Skin Care			Other Resident Characteristics	
Deaths	7.7	With Pressure Sores	8.8		Have Advance Directives	94.1
Total Number of Discharges		With Rashes	17.6		Medications	
(Including Deaths)	235				Receiving Psychoactive Drugs	60.3

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Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

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	This Facility %	Ownership: Proprietary Peer Group %	Ratio	Bed Size: 50-99 Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	93.3	88.5	1.05	89.0	1.05	90.5	1.03	88.8	1.05
Current Residents from In-County	95.6	80.0	1.19	81.8	1.17	82.4	1.16	77.4	1.23
Admissions from In-County, Still Residing	10.2	17.8	0.57	19.0	0.54	20.0	0.51	19.4	0.53
Admissions/Average Daily Census	335.7	184.7	1.82	161.4	2.08	156.2	2.15	146.5	2.29
Discharges/Average Daily Census	335.7	188.6	1.78	163.4	2.05	158.4	2.12	148.0	2.27
Discharges To Private Residence/Average Daily Census	198.6	86.2	2.30	78.6	2.52	72.4	2.74	66.9	2.97
Residents Receiving Skilled Care	100	95.3	1.05	95.5	1.05	94.7	1.06	89.9	1.11
Residents Aged 65 and Older	100	92.4	1.08	93.7	1.07	91.8	1.09	87.9	1.14
Title 19 (Medicaid) Funded Residents	44.1	62.9	0.70	60.6	0.73	62.7	0.70	66.1	0.67
Private Pay Funded Residents	42.6	20.3	2.10	26.1	1.63	23.3	1.83	20.6	2.07
Developmentally Disabled Residents	0.0	0.9	0.00	1.0	0.00	1.1	0.00	6.0	0.00
Mentally Ill Residents	14.7	31.7	0.46	34.4	0.43	37.3	0.39	33.6	0.44
General Medical Service Residents	25.0	21.2	1.18	22.5	1.11	20.4	1.22	21.1	1.19
Impaired ADL (Mean)	52.1	48.6	1.07	48.3	1.08	48.8	1.07	49.4	1.05
Psychological Problems	60.3	56.4	1.07	60.5	1.00	59.4	1.01	57.7	1.05
Nursing Care Required (Mean)	7.2	6.7	1.07	6.8	1.05	6.9	1.04	7.4	0.96